

State of California

Department of Health Services, Laboratory Field Services

To : FACILITIES SUPERVISOR
From : K. D. Williams
CLIA # : 05D1066369

Date : 3-22-07
Subject: New Laboratory License
State I.D. # : CPH 335637 approval

☒ MAKE FOLLOWING CHANGES ON APPLICATION (Note: Director and/or owner changes should be made only on the basis of a written request from parties concerned):

^{new}
NAME OF LABORATORY : Los Angeles Co Dept of Public Health -
ADDRESS : 12750 ERICKSON AVENUE Public Health Laboratory
CITY, ZIP : DOWNNEY CA 90242
DATE OF SURVEY : 3-19 then 3-22-07

- ☐ No Deficiencies Found
☐ Significant Deficiencies Found
☐ Not Enrolled in Proficiency Testing

- ☒ No significant Deficiencies Found
☒ Enrolled in Proficiency Testing

P. T. Organization CAP, AAB, MLE
WSLH, CDC, NYC, Digital

☐ ACCREDITED (State Survey Only)

☐ CAP ☐ JCAH ☐ COLA ☐ AABB ☐ OTHER

☒ HIV TESTING APPLICATION ON FILE ☐ TO BE FILED ☐ N/A (Not Performed)

RECOMMENDATION OF SURVEYOR:

APPROVAL kw
☒ ISSUE CALIFORNIA LICENSE; DATE OF LICENSE: March 22, 2007
☐ RESURVEY BEFORE LICENSING
☐ DENY LICENSE.
COMMENT: _____

110 Bact 130 Parasit 140 Virology 210 Xyph. Ser 220 & Immunology

TO BE COMPLETED BY REVIEWER:

☒ ~~ISSUE CALIFORNIA LICENSE~~ APPROVAL ☐ DENY CALIFORNIA LICENSE

EFFECTIVE DATE : 3-22-2007

DATE REVIEWED: _____

COMMENT: _____

REVIEWER

Kw for BOK